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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after OR Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	END-5016NP			
	First Named Inventor	James W. Voegele et al.			
	COMPLETE IF KNOWN				
	Application Number	10/777,324			
	Filing Date	February 12, 2004			
	Group Art Unit				
Examiner Name					
As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: <div style="text-align: center;">FINGERTIP SURGICAL INSTRUMENTS (Title of the Invention)</div> the specification of which <input type="checkbox"/> is attached hereto OR <input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <u>February 12, 2004</u> as United States Application Number or PCT International Application Number <u>10/777,324</u> and was amended on (MM/DD/YYYY) <input type="checkbox"/> I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					



DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/447,446	February 14, 2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

Place Customer
Number Bar Code
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AND

☐ Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to at telephone number (513) 337-3295.

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Name:

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City:

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ZIP

Country

Telephone:

Fax: (513) 337-8489

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) James W.

Family Name
or Surname Voegelé

Inventor's
Signature

James W. Voegelé

Date November 1, 2004

Residence: City Cincinnati

State OH

Country USA

Citizenship USA

Mailing Address 11486 Kemperknoll Lane, Cincinnati, OH 45249

City Cincinnati

State OH

ZIP 45249

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Robert P

Family Name
or Surname Gill

Inventor's
Signature

Robert P. Gill

Date 11/1/04

Residence: City Mason,

State OH

Country USA

Citizenship USA

Mailing Address 9122 Nottingham Way, Mason, OH 45040

City Mason,

State OH

ZIP 45040

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Foster B.

Family Name
or Surname Stulen

Inventor's
Signature

Foster B. Stulen

Date 11/1/04

Residence: City Mason

State OH

Country USA

Citizenship USA

Mailing Address 6245 Bridgewater Court, Mason, OH 45040

City Mason

State OH

ZIP 45040

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Wayne L.

Family Name
or Surname POLL

Inventor's
Signature

Date

9/17/04

Residence: City New Albany

State OH

Country US

Citizenship US

Mailing Address 7609 Lambton Park Road, New Albany, OH 43054

City New Albany

State OH

ZIP 43054

Country US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/777,324 Art Unit: 3737
Filed: February 12, 2004 Docket: END-5016
Customer No. 0000027777
For: **FINGERTIP SURGICAL INSTRUMENTS**

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

CONSENT TO CHANGE INVENTORSHIP UNDER 37 C.F.R. § 1.48

In accordance with the provisions of 37 C.F.R. §1.48, Ethicon Endo-Surgery, Inc., 4545 Creek Road, Cincinnati, OH 45242, Assignee under an Assignment filed with the USPTO on June 8, 2004, a copy of which is attached, hereby consents to the correction of inventorship to U.S. Patent Application Serial No. 10/721,034 filed concurrently.

Respectfully submitted,

Verne E. Kreger, Jr.
Vice-President of Patent Law
Ethicon Endo-Surgery, Inc.
Reg. No. 35,231

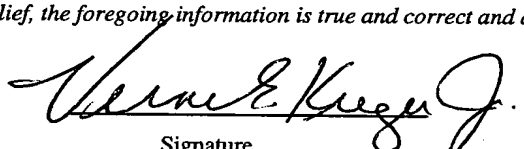
Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933
513-337-3295
November 2, 2004



RECORDATION FORM COVER SHEET PATENTS ONLY

Commissioner for Patents:

Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): <u>James W. Voegelé</u> <u>Robert P. Gill</u> <u>Foster B. Stulen</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies): Name: <u>Ethicon Endo-Surgery, Inc.</u> Street Address: <u>4545 Creek Road</u> City: <u>Cincinnati</u> State: <u>OH</u> Zip: <u>45242</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other Execution Date: <u>May 26, 2004</u>			
4. Application number(s) or patent number(s): <u>10/777,324</u> If this document is being filed together with a new application, the execution date of the application is: A. Patent Application No.(s) B. Patent No.(s) Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Name and address of party to whom correspondence concerning document should be mailed: <u>Philip S. Johnson, Esq.</u> <u>Chief Patent Counsel</u> <u>Johnson & Johnson</u> <u>One Johnson & Johnson Plaza</u> <u>New Brunswick, NJ 08933-7003</u>		6. Total number of applications & patents involved: <u>1</u> 7. Total fee (37 CFR 3.41) <u>\$40.00</u> <input checked="" type="checkbox"/> Authorized to be charged to Deposit Account 8. Deposit Account Number: <u>10-0750/END 5016NP/VEK</u>	
9. Statement and signature <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i> <u>Verne E. Kreger, Jr.</u> Name of Person Signing  Signature <u>June 8, 2004</u> Date Total number of pages including cover sheet, attachments, and document: <u>3</u>			

Mail documents to be recorded with required cover sheet information to:

Mail Stop Assignment Recordation Services

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

ASSIGNMENT

Serial No. 10/777,324
Filed February 12, 2004

WHEREAS, James W. Voegelé, Robert P. Gill, and Foster B. Stulen, residing at 11486 Kemperknoll Lane, Cincinnati, OH 45249; 9122 Nottingham Way, Mason, OH 45040; and 6245 Bridgewater Court, Mason, OH 45040; respectively, (hereinafter called "Assignors"), have made certain new and useful inventions or discoveries relating to

FINGERTIP ULTRASOUND MEDICAL INSTRUMENT

for which they have on the 26th day of May, 2004 executed an application for Letters Patent of the United States; and

WHEREAS, Ethicon Endo-Surgery, Inc., a corporation of the State of Ohio, (hereinafter called "Assignee"), is desirous of acquiring Assignors' entire right, title, and interest therein:

NOW, THEREFORE, BE IT KNOWN that for and in consideration of the sum of One Dollar and other valuable considerations to them moving, the receipt of which is hereby acknowledged, Assignors have sold, assigned, and transferred, and do hereby sell, assign and transfer unto said Assignee their entire right, title and interest in and to all said inventions and discoveries disclosed in said application whose identification above by serial number and filing date, when available is hereby authorized, and in and to said application, all substitutions, divisions, and continuations thereof, and in and to all Letters Patent, United States and foreign, that may be granted for said inventions and discoveries, and in and to all extensions, renewals, and reissues thereof, the same to be held and enjoyed by said Assignee, its successors and assigns, as fully and entirely as the same would have been held and enjoyed by Assignors if this Assignment and sale had not been made;

And Assignors hereby authorize and request the Commissioner of Patents of the United States to issue said Letters Patent in accordance with this Assignment;

And for the consideration aforesaid, Assignors covenant and agree with said Assignee that he has a full and unencumbered title to the inventions and discoveries above described and hereby assigned, which title they warrant unto said Assignee, its successors and assigns;

And for the consideration aforesaid, Assignors further covenant and agree that they will, whenever requested, but without cost to them promptly communicate to said Assignee or its representatives any facts known to them relating to said inventions and discoveries, testify in any interference or legal proceedings involving said inventions and discoveries, and execute any additional papers that may be necessary to enable said Assignee or its representatives, successors, nominees, or assigns to secure full and complete protection for the said inventions

and discoveries or that may be necessary to vest in said Assignee the complete title to the said inventions and discoveries and patents hereby conveyed and to enable it to record said title.

IN TESTIMONY WHEREOF, Assignors have hereunto set their hands and seals
this 26 day of May 2004

James W. Voegel (L.S.)
James W. Voegel

Robert P. Gill (L.S.)
Robert P. Gill

Foster B. Stulen (L.S.)
Foster B. Stulen

STATE OF OHIO)
) ss.
COUNTY OF Hamilton)

BE IT REMEMBERED, That on this 26 day of May, 2004, before me, a Notary Public, personally appeared James W. Voegel and Robert P. Gill, who I am satisfied are the persons named in and who executed the foregoing instrument in my presence, and I having first made known to them the contents thereof, they did acknowledge that they signed, sealed, and delivered the same as their voluntary act and deed for the uses and purposes therein expressed.

Linda F. Hansen
Notary Public

LINDA F. HANSEN
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 07-11-08